

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol, Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(916) 445-0873			
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name		First Name	<input checked="" type="checkbox"/> Other	VISA	Name
	PO Box 8999	San Francisco		CA	94128	
	Address	City		State	Zip Code	

Financial products and services

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information

Date and Amount of Payment (other than travel) 11/11/08 \$ 7,500
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Date(s) of Travel	\$	Transportation Expenses	\$	Lodging Expenses	\$	Meal Expenses	\$	Other Expenses	\$	Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:


VISA provided a \$7,500 sponsorship for the Governor's Conference on Small Business and Entrepreneurship, which was held on November 18 - 19, in Los Angeles, California.

Identify the officials for whom the payment was used:

Not applicable			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Will Fox	Deputy Chief of Staff	12 19 08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)